

Amanda Gillett Death Certificate

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

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78 STANDARD CERTIFICATE OF DEATH JAN 6 - 1927

1 PLACE OF DEATH
County Robeson Registration District No. 78-6036 State N.C. Register No. 24
Township Pembroke or Village _____
City _____ No. _____ St. _____ Ward _____
If death occurred in a hospital or institution, give its NAME instead of street and number.

2 FULL NAME Amanda Leavis
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3 Sex <u>Female</u>	4 Color or Race <u>Indian</u>	5 Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>			16 Date of Death (month, day, and year) <u>12/12/1924</u>	1924
5a If married, widowed, or divorced husband or (or) Wife of <u>Preston Leavis</u>					17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____ that I last saw him alive on _____, 19____ and that death occurred, on the date stated above, at _____ The CAUSE OF DEATH* was as follows: <u>Insufficiency of old age</u> (duration) <u>16</u> yrs. <u>4</u> mos. <u>4</u> ds.	
6 Date of birth (month, day, and year) 7 Age years <u>87</u> Months <u>11</u> Days <u>12</u> If LESS than 1 day, hrs. or min.					Contributory (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.	
8 Occupation of deceased (a) Trade, Profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer					18 Where was disease contracted if not at place of death? Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? (Signed) <u>M. H. Andrews</u> M.D. 19 (Address) <u>Rowland N.C.</u>	
9 Birthplace (city or town) <u>Marion Co. N.C.</u> (State or country)					*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)	
10 Name of Father <u>Unknown</u>					19 Place of Burial, Cremation, or removal <u>Heathus Ferry</u>	
11 Birthplace of Father (city or town) _____ (State or country)					Date of Burial <u>12/13/1924</u>	
12 Maiden Name of Mother <u>Lurissa Gillett</u>					20 Undertaker <u>Jas. Cunningham</u>	
13 Birthplace of Mother (city or town) <u>Rowland N.C.</u> (State or country)					Address <u>Rowland N.C.</u>	
14 Informant <u>J. R. Leavis</u> (Address) <u>Pembroke N.C. A.I.</u>						
15 Filed <u>12/12/1926</u> <u>A. A. Thagard</u> REGISTRAR						

Important. See instructions on back of certificate.